

Please print in ink (preferably black) or use typewriter

Number of attachments _____

Position number _____

**Madison County
Sheriff's Office/
E911 Joint Dispatch Center**
An Equal Opportunity Employer



Send this application
directly to the agency
announcing the vacancy.

Application for Employment

Employees of the Commonwealth and applicants for employment shall be afforded equal opportunity in all aspects of employment without regard to race, color, religion, political affiliation, national origin, disability, marital status, gender or age.

As a means of accommodation to persons with specific disabilities that prevent them from completing this application, confidential assistance in filling out this application may be obtained by calling the agency to which you are applying.

1. Position applied for _____ 2. Agency _____
(one per application)

3. Social Security No. _____
(Note: Completion of number three is optional. Failure to submit social security number on this form will not prohibit employment consideration. Social security number may be required on other forms prior to employment.)

4. Full legal name _____ 6. Home Phone () _____
Last First Middle

5. Address _____ 7. Business Phone () _____

8. **EDUCATION** _____
City State Zip

- a. Check highest grade completed ☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8 ☐9 ☐10 ☐11 ☐12 Year Completed _____
b. If you did not complete high school, do you have a high school equivalency diploma? ☐ Yes ☐ No Date Received _____
c. Check number of years of post high school education ☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7

Name and Location of Institution	Hrs	Degree Received	Major or Specialty	Minor	Dates Attended
1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____

d. If you expect to complete an educational program in the near future, please indicate what type of degree or program and expected completion date: _____

9. **EXPERIENCE** — Use Supplementary Experience Form(s) for additional space. Starting with the most recent, describe ALL paid, military and applicable voluntary experience. Highlight your knowledge, skills and abilities which best demonstrate your qualifications for this position.
You may list significantly different jobs within the same organization as separate items. May we contact your present supervisor? ☐ Yes ☐ No

<p>a. Job Title _____ Duties: _____</p> <p>Employer _____</p> <p>Address _____</p> <p>_____</p> <p>_____ Phone _____</p> <p>Type of business _____</p> <p>Immediate supervisor _____</p> <p>Title _____</p> <p>Salary (start) _____ (finish) _____</p> <p>Dates (mo/yr) _____ to (mo/yr) _____</p> <p>Full-time _____ Part-time _____ Hours/week _____</p>	<p>Number and titles of employees you supervised _____</p> <p>Equipment used _____</p> <p>Reason for leaving _____</p> <p>Your name if different from present _____</p>
<p>b. Job Title _____ Duties: _____</p> <p>Employer _____</p> <p>Address _____</p> <p>_____</p> <p>_____ Phone _____</p> <p>Type of business _____</p> <p>Immediate supervisor _____</p> <p>Title _____</p> <p>Salary (start) _____ (finish) _____</p> <p>Dates (mo/yr) _____ to (mo/yr) _____</p> <p>Full-time _____ Part-time _____ Hours/week _____</p>	<p>Number and titles of employees you supervised _____</p> <p>Equipment used _____</p> <p>Reason for leaving _____</p> <p>Your name if different from present _____</p>

Supplementary Experience Form

Social Security Number _____ Position Applied For _____
 Name _____ Announcement Number _____

Job Title _____ Duties: _____
 Employer _____
 Address _____

_____ Phone _____

Type of business _____

Immediate supervisor _____

Title _____ Number and titles of employees you supervised _____

Salary (start) _____ (finish) _____ Equipment used _____

Dates (mo/yr) _____ to (mo/yr) _____ Reason for leaving _____

Full-time _____ Part-time _____ Hours/week _____ Your name if different from present _____

Job Title _____ Duties: _____

Employer _____

Address _____

_____ Phone _____

Type of business _____

Immediate supervisor _____

Title _____ Number and titles of employees you supervised _____

Salary (start) _____ (finish) _____ Equipment used _____

Dates (mo/yr) _____ to (mo/yr) _____ Reason for leaving _____

Full-time _____ Part-time _____ Hours/week _____ Your name if different from present _____

Job Title _____ Duties: _____

Employer _____

Address _____

_____ Phone _____

Type of business _____

Immediate supervisor _____

Title _____ Number and titles of employees you supervised _____

Salary (start) _____ (finish) _____ Equipment used _____

Dates (mo/yr) _____ to (mo/yr) _____ Reason for leaving _____

Full-time _____ Part-time _____ Hours/week _____ Your name if different from present _____

Job Title _____ Duties: _____

Employer _____

Address _____

_____ Phone _____

Type of business _____

Immediate supervisor _____

Title _____ Number and titles of employees you supervised _____

Salary (start) _____ (finish) _____ Equipment used _____

Dates (mo/yr) _____ to (mo/yr) _____ Reason for leaving _____

Full-time _____ Part-time _____ Hours/week _____ Your name if different from present _____

Job Title _____ Duties: _____

Employer _____

Address _____

_____ Phone _____

Type of business _____

Immediate supervisor _____

Title _____ Number and titles of employees you supervised _____

Salary (start) _____ (finish) _____ Equipment used _____

Dates (mo/yr) _____ to (mo/yr) _____ Reason for leaving _____

Full-time _____ Part-time _____ Hours/week _____ Your name if different from present _____

c. **Job Title** _____ **Duties:** _____
Employer _____
Address _____

_____ Phone _____
Type of business _____
Immediate supervisor _____
Title _____ Number and titles of employees you supervised _____
Salary (start) _____ (finish) _____ Equipment used _____
Dates (mo/yr) _____ to (mo/yr) _____ Reason for leaving _____
Full-time _____ Part-time _____ Hours/week _____ Your name if different from present _____

d. Use this space for any additional information you think would help us evaluate your application, including training, seminars, workshops, and special achievements or specialized skills: _____

e. Automated word processing (specify equipment) _____
Typing speed _____ words per minute. Shorthand speed _____ words per minute

f. License (to include driver's), certificate or other authorization to practice a trade or profession.

Type	License Number	Granted by (licensing board)

10. REFERENCES

List names, addresses and relationships of three persons not related to you who know your qualifications:

Name	Address	Phone	Relationship

11. MISCELLANEOUS

a. Check which shift you will accept: ☐ Day ☐ Evening ☐ Night ☐ Rotating ☐ Weekends Specify shift hours _____

b. Check which job status you would accept: ☐ Full-time ☐ Part-time (specify) _____

c. Check which employment status you'd accept: ☐ Salaried (benefits) ☐ Hourly (No benefits) ☐ Part-time salaried (leave benefits only)

d. Are you willing to accept employment which requires you to travel? ☐ No ☐ Yes. If yes, ☐ During the day only,

☐ Occasionally overnight, ☐ Frequently overnight.

e. List the geographic locations in which you are willing to work. If anywhere in Virginia, write "all" _____

f. For purposes of compliance with The Immigration Reform and Control Act, are you legally eligible for employment in the United States?

☐ Yes ☐ No. Under the Immigration Reform and Control Act of 1986, you will be required to fill out a certification verifying that you are eligible to be employed and verifying your identity. Further, you will be required to provide documentation to that effect should you be employed.

g. Are you willing to provide your own transportation if necessary for your employment? ☐ Yes ☐ No.

h. Section 2.1-32.1 of the Code of Virginia prohibits any board, commission, department, agency, institution or instrumentality of the Commonwealth from employing a person who is required to present himself and submit to the federal Selective Service registration requirement and failed to do so. If you are/were required to register for the Selective Service, have you done so? ☐ Yes ☐ No.

If no, state reason:

i. For purposes of compliance with Section 2.1-112 of the Code of Virginia, are you a veteran who received an honorable discharge and served more than 180 consecutive days of full-time active duty in the US Army, Navy, Air Force, Marines, or reserve components thereof, including the National Guard?

☐ Yes ☐ No. If yes, did you serve during the Vietnam Conflict (2/28/61-3/7/75)? ☐ Yes ☐ No

j. Have you ever been convicted* for any violation(s) of law, including moving traffic violations. ☐ Yes ☐ No If YES, please provide the following:

Description of offense:

Statute or ordinance(if known): _____ Date of Charge: _____ ; Date of Conviction _____

County, City, State of Conviction: _____

(For additional convictions use plain paper. Include all information listed above.)

*Convictions include Virginia juvenile adjudications for Capital Murder, First and Second Degree Murder, Lynching, or Aggravated Malicious Wounding, if you were age fourteen (14) to eighteen (18) when charged.

12. When will you be available to start work? (No date is necessary if you are available as soon as you give two (2) weeks notice.)

_____ Month _____ Day _____ Year

13. CERTIFICATION--Each Application Requires Current Date and Original Signature

I hereby certify that all entries on both sides and attachments are true and complete, and I agree and understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture on my part to any employment in the service of the Commonwealth of Virginia. I understand that all information on this application is subject to verification and I consent to criminal history background checks. I also consent to references and former employers and educational institutions listed being contacted regarding this application. I further authorize the Commonwealth to rely upon and use, as it sees fit, any information received from such contacts. Information contained on this application may be disseminated to other agencies, nongovernmental organizations or systems on a need-to-know basis for good cause shown as determined by the agency head or designee.

Date _____ Applicant Signature _____

AUTHORIZATION FOR RELEASE OF INFORMATION

TO: ANY DOCTOR, HOSPITAL, MEDICAL ASSOCIATION, U.S. ARMED FORCES, MARITIME SERVICE, VETERANS ADMINISTRATION OR

ANY ACADEMIC DEAN, REGISTRAR, GUIDANCE COUNSELOR, OTHER AUTHORIZED PERSON AT A SCHOOL, COLLEGE, BUSINESS, TRADE OR HIGH SCHOOL OR

ANY PAST OR PRESENT EMPLOYER, CREDIT BUREAU OR RETAIL MERCHANTS ASSOCIATION, BANK, FINANCIAL INSTITUTION OR ANY OTHER CREDIT AGENCY OR ANY OTHER STATE OR FEDERAL AGENCY:

I, _____ (_____)
Name Maiden Name

Address _____
Street or Road City or Town State Zip Code

Have applied for employment with the Madison County Sheriff's Office/Joint E911 Dispatch Center, and I am aware that my entire background is to be investigated. I hereby authorize and request the release of any and all information you have concerning me (including a transcript of any academic record) to the Madison County Sheriff's Office or its agent upon presentation of this release or copy hereof.

I am further aware that this investigation may not begin or be concluded for an undetermined amount of time after the execution of this document and I authorize this document to be recognized as valid until such time as my background investigation has been completed.

Armed Forces Service or Serial Number (if any) _____

Veterans Administration Claim Number (if any) _____

Social Security Number _____

Given under my hand this _____ day of _____, 20_____.

Signature (sign before notary only)

STATE OF VIRGINIA: COUNTY/CITY OF _____

This day _____ personally appeared before me and acknowledged his/her signature of the above statement.

My commission expires on the _____ day of _____, 20_____.

Notary Public